# USASOC

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## GLOBAL SCOUTS

U.S. ARMY SPECIAL OPERATIONS COMMAND

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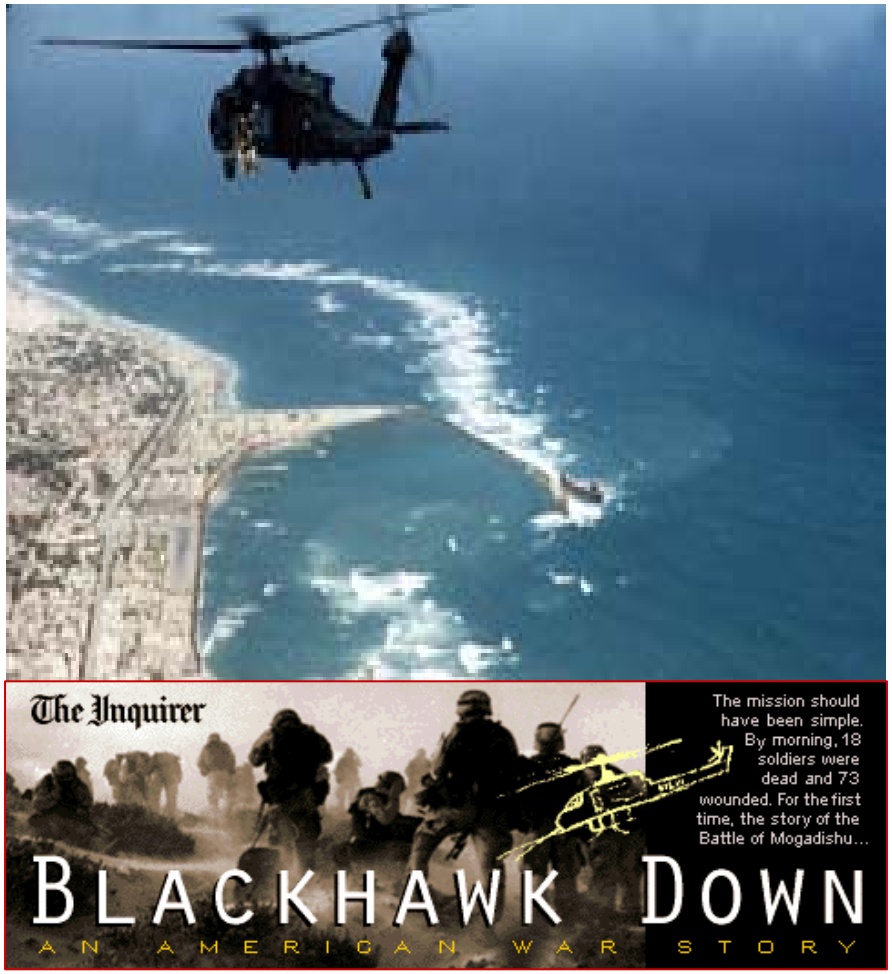
# SOF TRUTHS

- Humans are more important than hardware
- Quality is better than Quantity
- Special Operations Forces cannot be mass produced
- Competent Special Operations Forces cannot be created after emergencies occur

# Genesis of Army Special Operations Tactical Combat Casualty Care

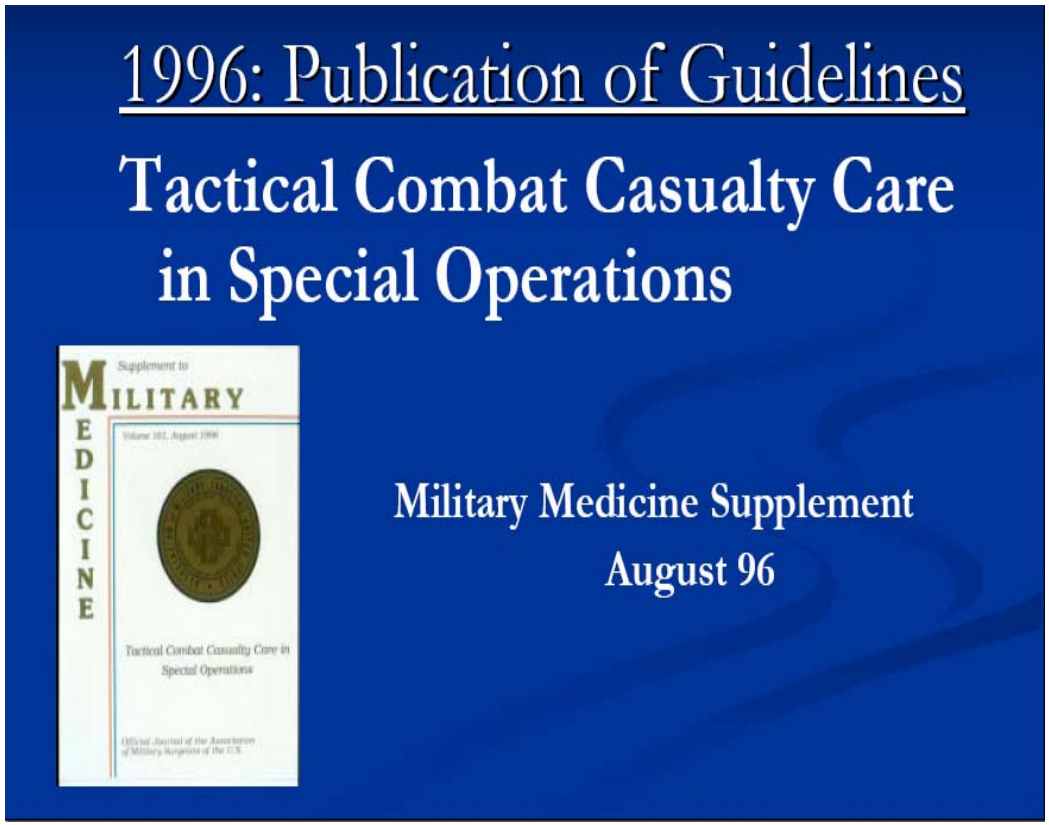
- The **Battle of Mogadishu** was a battle that was part of Operation Gothic Serpent that was fought on October 3 and 4, 1993 in Mogadishu, Somalia
- Eighteen American soldiers died and 73 were wounded



# Genesis of Special Operations Tactical Combat Casualty Care

(Continued)

- One of the effects was the development and implementation of Tactical Combat Casualty Care (TCCC) Guidelines
  - 1994 USSOCOM Biomedical Initiative Steering Committee (BISC) Initiative
    - Sponsored a one year study emphasizing the Special Operations environment
  - 1996 TCCC guidelines published in the Association of Military Surgeons United States
  - 1997 TCCC guidelines Integrated into training for Special Operations Medics at Fort Bragg, North Carolina



# RANGER FIRST RESPONDER


## RFR Course

# Tactical Combat Casualty Care Combat/Tactical Influencing Elements

**Command decisions/Mission**
**Incoming fire– direct /indirect**
**Darkness– nighttime /confined space**
**Environmental factors– cold /heat**
**Casualty transportation problems**
**Delays to definitive care**

# Basic Combat Trauma Management Plan

## TCCC Three phases of care

- **“Care under Fire” is defined as the care rendered by the operator or medic at the scene of the injury, while he and the casualty are still under effective hostile fire. The available medical equipment is limited to that carried by the individual operator or medic in his aid bag.**

- **“Tactical Field Care" is the care rendered by the operator or medic once the unit is no longer under effective hostile fire. This term also applies to situations in which an injury has occurred on a mission, but there has been no hostile fire. The available medical equipment is still limited to that carried into the field by mission personnel. Time prior to evacuation to an MTF is very variable.**

- **"Combat Casualty Evacuation Care" or “CASEVAC” care is the care rendered once the casualty (and usually the rest of the mission personnel) have been picked up by a aircraft, vehicle, or boat. Personnel and medical equipment that may have been previously staged in these assets will now be available.**

# ***United States Special Operations Command (USSOCOM) Commander's Guidance***


***2006***

***Number One Combat Medical Priority:***

***Eliminating Preventable Loss of Life on the Battlefield***

***USSOCOM Commander-General Brown***

# Tactical Combat Casualty Care (TCCC)

## SOF TCCC Capabilities

Echelon of Care I

Self Aid / Buddy Aid / Combat Lifesaver

TCCC Operator Kit

TCCC Medic Kits

SOF Medic

TCCC CASEVAC Kits

SOF CASEVAC

TCCC Unit Surgeon Kit

Unit Surgeon

Theater CASEVAC

## Theater Definitive Care Capabilities

Echelon of Care II / III

MTF Capabilities (Lab, X-Ray and Pharmacy)

Echelon of Care IV

In-Theater (Fleet Hospital Ship or Overseas MTF

Echelon of Care V

CONUS MTF or VA Hospital

# United States Army Special Operations Forces
# Level I Echelon of Care

**SOF**
**Ind First Aid Kit**
**(SOF IFAK)**
**“Trauma”**

**First Responder Aid Kit “Trauma”**

**Combat Medic’s Aid Kit (+) “Trauma”**

**Small Unit**
**ODA**

**Trauma**
**OPMED**
**PM**
**Wound Mgt**
**Field Dental**
**Field LAB**
**CASEVAC Kit**

***Weight / Space / Training / Integration / Capabilities/Cost***

| | | | |
|---|---|---|---|
| **IND – SOF Ind Aid Kit** | **SOCM/18D - Combat Medic’s Aid Bag (+)** | **AOB -SAA + MES, SOF CASEVAC (+), MES, Supp, & Re-Supply** | **FOB -SAA** |
| **SOF FR - FR Kit** | **FB – MES, SF TAC (Trauma/OPMED/PM)** | | **SFOB - SAA** |

# The Future of ARSOF TCCC

**State-of-the-Art Family of SOF Medical Equipment Sets (MESs) and Supplements designed by the Medical Operators to meet the rigid medical requirements of SOF missions today and beyond.**
**Dynamic design, coupled with the strategic placement of MES(s) as modules will allow Medical Operators the ability to construct a medical package that is agile, responsive, and highly sustainable, ensuring comprehensive casualty management across Level I on the battlefield.**

***"The Best Way For Us To Predict The Future Is To Create It"***

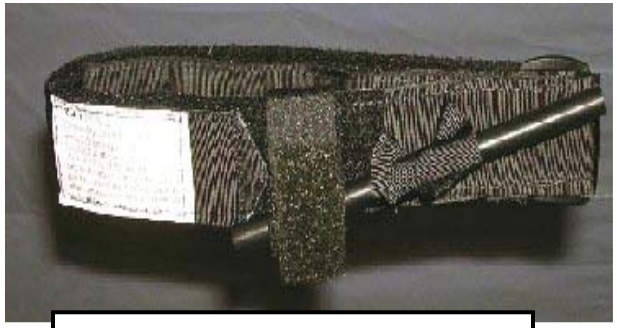
# IFAK Equipment

**TCCC Gear for All Combatants**

**In Addition To Service Standard Combat Trauma Equipment, Each USSOCOM Combatant Will Be Provided the following Combat Trauma Management Equipment, Be Trained In Its Use, And Carry These The Items In The Field:**

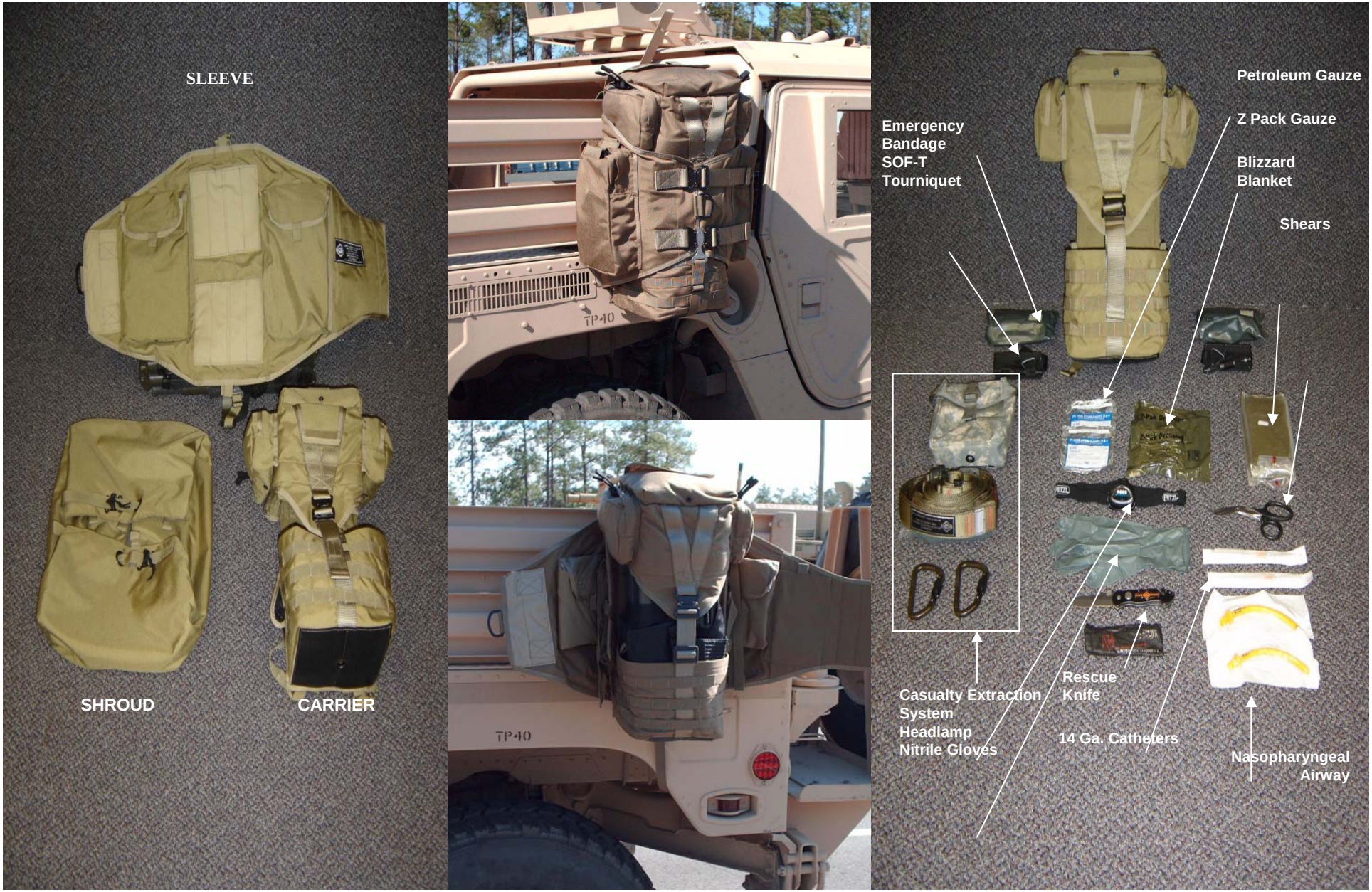
- **COMBAT PILL PACK**
  - **MOXIFLOXACIN 400 MG**
  - **MELOXICAM 15 MG**
  - **TYLENOL 650 MG BILAYER CAPLETS (2)**
- **COMBAT APPLICATION (CAT) TOURNIQUET**
- **HEMCON DRESSING**
- **QUIK CLOT (POWDER)**
- **NASOPHARYNGEAL AIRWAY**
- **C-A-T Tourniquet – 1ea**
- **HemCon dressing – 1ea**
- **28 fr Nasopharyngeal airway – 1ea**

**COMBAT APPLICATION TOURNIQUET ®**



**HemCon Bandage ®**

# SOF CASEVAC Kit



# New R&D Medic Equipment

**In Addition To Service Standard Combat Trauma Equipment, Each USSOCOM Combat Medic Will Be Provided The Following Combat Trauma Management Equipment, Be Trained In Its Use, And Carry These Items In The Field:**


- **Hextend**
- **Velcro Iv Straps**
- **Injectable Phenergan**
- **Pyng Fast Sternal Intraosseous Device**
- **Ertapenem**
- **Blizzard Rescue Blanket**
- **Techtrade Ready Heat Blanket**
- **Thermolite Hypothermia Prevention System Cap**
- **Transmucosal Fentanyl Lozenges 400 Ug**
- **Pulse Oximeters**

# Field Medicine Technologies Need:

1. Technologies and capabilities to manipulate metabolic rate after injury.

2. Advanced oxygen generation capabilities.

3. Advanced fluid resuscitation, and oxygen carrying substitutes.

4. Advanced injury management predictors.

5. Programmable medications/agents, clotting factors and pain management approaches.

6. Alternative medicines, pharmacological blood loss reduction capabilities.

7. Patient diagnosis (life detector) device.

8. Protection from thermobaric weapon injuries.

# Tactical Combat Casualty Care Truths

- **Good medicine can sometimes be bad tactics!**
- **Bad tactics can get everyone killed and/or cause the mission to fail!**
- **Two of the obvious differences (in combat casualty care) are the adverse conditions of war and the fact that under certain tactical conditions, the care of the patient is secondary to the mission at hand.**
- **The best medicine on the battlefield is <u>Fire Superiority!</u>**

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## *Questions*

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